

<i>SERFF Tracking Number:</i>	<i>BERK-125559167</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Riverport Insurance Company</i>	<i>State Tracking Number:</i>	<i># \$0</i>
<i>Company Tracking Number:</i>	<i>RIC-2008-AR-G093</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Not Program Specific</i>		
<i>Project Name/Number:</i>	<i>/RIC-2008-AR-G093</i>		

Filing at a Glance

Company: Riverport Insurance Company	SERFF Tr Num: BERK-125559167	State: Arkansas
Product Name: Not Program Specific	SERFF Status: Closed	State Tr Num: # \$0
TOI: 35.0 Interline Filings	Co Tr Num: RIC-2008-AR-G093	State Status: Fees verified and received
Sub-TOI: 35.0002 Commercial Interline Filings	Filing Type: Form	Co Status:
	Author: Greg Gertz	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Date Submitted: 03/19/2008	Disposition Date: 03/25/2008
		Disposition Status: Accepted For Informational Purposes
Effective Date Requested (New): 04/01/2008		Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): 04/01/2008		Effective Date (Renewal): 04/01/2008
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number: RIC-2008-AR-G093	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/25/2008	
State Status Changed: 03/25/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Informational Form Filing of E-2008 (1207) Disclosure Notice of Terrorism Insurance Coverage in compliance with Arkansas Bulletin regarding the Terrorism Risk Insurance Program Reauthorization Act of 2007.	

Company and Contact

<i>SERFF Tracking Number:</i>	<i>BERK-125559167</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>RIC-2008-AR-G093</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Not Program Specific</i>		
<i>Project Name/Number:</i>	<i>/RIC-2008-AR-G093</i>		

Filing Contact Information

(This filing was made by a third party - BRAC01)

Greg Gertz, Assistant Product Development Analyst
ggertz@riverportinsurance.com

222 South Ninth Street
Minneapolis, MN 55402-3332
(612) 776-3342 [Phone]
(866) 776-3520[FAX]

Filing Company Information

Riverport Insurance Company	CoCode: 36684	State of Domicile: Minnesota
222 South Ninth Street, Suite 1300	Group Code: 98	Company Type:
Minneapolis, MN 55402-3332	Group Name: W. R. Berkley Corporation	State ID Number:
(612) 766-3100 ext. [Phone]	FEIN Number: 41-1654112	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Llyweyia Rawlins Informational Purposes		03/25/2008	03/25/2008

SERFF Tracking Number: *BERK-125559167*

State: *Arkansas*

Filing Company: *Riverport Insurance Company*

State Tracking Number: *# \$0*

Company Tracking Number: *RIC-2008-AR-G093*

TOI: *35.0 Interline Filings*

Sub-TOI: *35.0002 Commercial Interline Filings*

Product Name: *Not Program Specific*

Project Name/Number: */RIC-2008-AR-G093*

Disposition

Disposition Date: 03/25/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal): 04/01/2008

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	BERK-125559167	State:	Arkansas
Filing Company:	Riverport Insurance Company	State Tracking Number:	# \$0
Company Tracking Number:	RIC-2008-AR-G093		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Not Program Specific		
Project Name/Number:	/RIC-2008-AR-G093		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Form	Policyholder Disclosure Notice of Terrorism Coverage	Accepted for Informational Purposes	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Information of Terrorism al PurposesCoverage	Policyholder Disclosure Notice	E-2008	1207	Disclosure/ Replaced Notice	Replaced Form #:0.00 E-2007 (0107) Previous Filing #:		E-2008_1207.pdf

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the “Act”), that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Coverage under your _____ NEW or _____ RENEWAL policy may be affected as follows:

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase terrorism coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of \$_____.
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant’s Signature

Insurance Company

Print Name

Policy Number

Date

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State Tracking Number: # \$0

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TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Not Program Specific

Project Name/Number: /RIC-2008-AR-G093

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: BERK-125559167 State: Arkansas
Filing Company: Riverport Insurance Company State Tracking Number: # \$0
Company Tracking Number: RIC-2008-AR-G093
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Not Program Specific
Project Name/Number: /RIC-2008-AR-G093

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Accepted for Informational 03/25/2008
Purposes

Comments:

Expedited Filing Transmittal Document For Terrorism Risk Insurance Forms And Pricing attached per Arkansas Insurance Department Bulletin.

Attachment:

AR_F215 Expedited Filing Form.pdf

Satisfied -Name: Cover Letter

Review Status: Accepted for Informational 03/25/2008
Purposes

Comments:

Riverport Insurance Company Cover Letter

Attachment:

AR_E-2008 Informational Cover Letter.pdf

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) ARKANSAS

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Riverport Insurance Company	Minnesota	098-36684	41-1654112

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Gregory Gertz	612-766-3342	612-766-3397	ggertz@riverportinsurance.com

Filing information

Line of Insurance (see attachment)	Multiple Line
Company Program Title (Marketing title) (if applicable)	N/A
Filing Type ** see note below	Form
This application is used with:	N/A
Effective Date Requested	4-1-08
Filing date	3-19-08
Company Tracking Number	RIC-2008-AR-G093
Date filing approved in domiciliary state, if applicable	1-1-08

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Policyholder Disclosure Notice of Terrorism Insurance Coverage	E-2008 (12/07)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	E-2007 (01/07)	

To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;
and is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Gregory Gertz

Print Name

Assistant Product Development Analyst

Title



March 19, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Riverport Insurance Company
Commercial Package Policy
Terrorism Disclosure Notice Informational Filing
Company Filing Number: RIC-2008-AR-G093

NAIC Number: 098-36684
FEIN Number: 41-1654112

Dear Sir/ Madam:

As requested by your state's Bulletin regarding the 2007 extension of TRIA, Riverport Insurance Company hereby submits an informational form filing of the Terrorism Policyholder Disclosure Notice.

The Policyholder Disclosure Notice of Terrorism Insurance Coverage, E-2008 (12/07), has been modified to be in conformance with 2007 extension of TRIA. The form is based on the NAIC Model Disclosure Form 1 with minor variation.

Per telephone conversation with Arkansas Insurance Department on 3/19/08 the \$50 filing fee is waived because this is the TRIA informational filing required per Arkansas Insurance Department Bulletin 1-2008.

A final copy of the Disclosure Notice is enclosed.

Your acknowledgement of this filing is appreciated.

Yours truly,

A handwritten signature in black ink that reads 'Gregory Gertz'.

Gregory Gertz
Asst. Product Development Analyst
Telephone: [612] 766-3342
Facsimile: [866] 776-3520
Toll Free: [800] 449-7707
Internet Address: ggertz@riverportinsurance.com